U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

E

1. File Number U -

MC15XM

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

y (Milling procure professor of an all and distribution for	1 / 1 / 2204 Through: 12 / 31 / 2004			
3. Name and address of person filing.	Name, file number, and address of labor organization.			
Name Michael R Dincher	Name B. A.C. Local \$5 B			
	Labor Organization File Number 537- Z53			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 6773 Plussent Valley RC	Street Z163 Berryhill St			
City Cogan Station	City Harris barg			
State	State			
5. Position in labor organization. Firld Papersudative				
Enter appropriate data below if, during the past fiscal year, you or your spo (except as specified in the exclu	use or minor child directly or indirectly had any of the following interests sions set forth in the instructions):			
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizati	derived income or other economic benefit of on represents or is actively seeking to represent.			
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
	7.b. Amount.			
Street				
City I The Control of				
State ZIP Code + 4				
Signature				
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the se	ing documents), has been examined by the signatory and is, to the best of the			
Signed Morphal R. Wincher	On 2/8/05 570 - 435 - 3306 Date Telephone Number			
Form LM-30 (2003)	Page 1 of 2			

Name of Person Filing Michael R. Diricher		File Number U-
B. Held an interest in or derived income or economic benefit with monetary values ubstantial part of which consists of buying from, selling or leasing to, or otherw of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or ind dealing with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or irectly to, or otherwise	
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organizat b. Trust c. Employer	tion
	44 - Noture of ough dooli	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Union Treas Treds Benifit Funds of Central & Trade Name, if any: P.O. Box, Bldg., Room No., if any P.O. Box 6480	11.a. Nature of such dealing Con tract Ad	ministrator for Fund
Street	11.b. Approximate dollar valu	a of such dealing
City Harrisburg	12.a. Nature of interest held	Eury supposed professional de la contraction de
State Pa ZIP Code + 4 1711 Z	Golf Outu	
	12.b. Amount.	\$ 100.90
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above)	International Action Control of the
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.	
(including trade name, if any).		THE
Name	A CONTRACTOR OF THE CONTRACTOR	***************************************
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	XX 4000000 A 000000 A 000000 A 000000 A 000000	
Street	**************************************	
City	SEAN WOOD CONTRACT OF THE PROPERTY OF THE PROP	
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	

Name of Ferson Filing Michael R. Dincher	د	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any). Name UNION TROWAL TRAJES BRINGT FUNDS OF CENTRAL PA Trade Name, if any: P.O. Box, Bldg., Room No., if any P.O. Box 6486 Street City HARRIS burg State PA ZIP Code +4 0112	9. Business deals with: X a. Labor Organiza b. Trust c. Employer	tion			
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such deali	ng.			
Street	11.b. Approximate dollar valu	e of such dealing.			
State ZIP Code + 4	12.a. Nature of interest held TRUSTER MEETING				
	12.b. Amount.	\$164.46			
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.				
Name			APPLICATION OF THE PROPERTY PROPERTY.		
Trade Name, if any:	CONTINUES AND ADDRESS OF THE PARTY AND ADDRESS		eta tisk vizigispisvi pro		
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Street	oc T		policinary), establish mile		
City			martinero vicero -u		
State ZIP Code + 4			Metical Region - Applied		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		employment and		